	DATELY ARRIVATION PRO									Application or Docket Number					
	PATENT APPLICATION FEE DETERMINATION RECO , Effective October 1, 2001									TT	A	-017	3		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER SMALL			
TC	TAL CLAIMS		Q		•			RATE F		FEE	1 1	RATE	FEE		
FO	R	NUMBER FILED		мимв	ER, EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00			
το	TAL CHARGEA	& minus 20=		• {	0/		X\$ 9=			OR	X\$18=				
IND	EPENDENT CL	/ mi	nus 3 =	• /	1		X42	=		OR	X84=				
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT /				+140=			OR	+280=				
		in column 1 is	less than zero, enter "0" in column 2				TOTAL			OR	TOTAL	2411			
J	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY						
	CLAIMS			HIGH	ımn 2) (Column 3) KEST			311.2		ADDI-			ADDI-		
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		RAT	Ε	TIONAL		RATE	TIONAL		
NO ME	Total	• 19	Minus	. 0	20	- /		X\$ 9	æ		OR	X\$18=	,		
A ME	Independent	• 3	Minus	***	3	=/	į	X42			OR	X84=	7		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM)=.	1	OR	+280=			
	5/24/06							TO ADDIT, I	TAL		OR	TOTAL ADDIT, FEE			
	(Column 1) (Column 2) (Column 3)									•					
AMENDMENT B	•	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST ABER OUSLY FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	.18	Minus	- 4	20	=	ľ	X\$ 9	=		OR	X\$18=			
REI	independent	.2	Minus	***	3	-		X42	=		OR	X84=			
L	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM)=		OR	+280=			
	•								YAL		OR	TOTAL			
	(Column 1) (Column 2) (Column 3)								FEE			ADDIT. FEE			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST ABER OUSLY FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	•		2		X\$ 9)=		OR	X\$18=			
AME	Independent	•	Minus .	***		9		X42			1	X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	.200-			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. OR ADDIT. FEE

FORM PTO-875 .(Rev. 8/01)